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OF THE EYE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As everything relative to the treatment of so important an organ as the eye, is worthy of notice, I submit to your disposal the following inquiries and remarks.

A few years past, a lady from Boston was put under my care, whose case, as to its pathology and treatment, secured it considerable reflection and attention. We dislike, most of all things, except an unfavorable termination of a case, that of having results follow which we cannot foresee, anticipate, nor prognosticate. The case of this lady appears to have been such an one, whilst in Boston. She was confined with severe ophthalmia, and the intolerance of light, and its stimulating effects upon the retina, were such as to require her apartment to be made totally dark. Such was it continued to be, until the severity of the inflammatory diathesis was subdued by appropriate remedies. When this was effected, leave was given to admit light into her apartment. But what was the surprise of her attendants, when the light was fully admitted, to hear the patient's request, which was to comply with the doctor's orders and to let the light into her room. It was then, and not until then, found that the lady was totally blind. And so she continued until she, with her husband, moved into the town where I reside. Her case, from ophthalmia, had become *amaurosis*; and although, by the assiduous use of emetics, resolvents, and particularly by a course of lunar caustic pills, some amelioration was produced, by long continuance and much assiduity, yet she never could be completely restored.

Something similar to the above case, had well-nigh happened to one of the eyes of a young lady under my care. A simple but rather severe inflammation of the right eye succeeded two bleedings for pneumonia. The application of a solution of nitrated silver, in the quantity of five grains to an ounce, subdued this inflammation, and I discontinued my visits. A few days afterwards, on inquiring of the lady at whose house the patient was, I was told that although the inflammation had subsided, yet that Hortense, that being her name, was blind, or nearly blind, of her right eye. I visited her the next day, and found such to be the fact. Her fine black eyes now looked precisely alike, there not being the least sign of inflammation, no redness, nor marks of weakness, nor moisture; yet when she closed her left eye, she was utterly unable to read with her right. Immediate resort was had to Richter's plan of

treatment for gutta serena, viz. an antimonial emetic, and his resolvent powders. She is now so much better that an entire recovery is pretty certainly anticipated.

But the inquiry which I wish to make, is, what those signs accompanying ophthalmia are, which would lead us to anticipate its being followed by amaurosis? Upon this point I must confess myself totally in the dark. Any of your correspondents who can throw light upon the subject, or upon any new modes of treatment, may be giving light to the world.

I would remark, in the sequel of this case, that in April, 1835, being at New York, and in the city of Brooklyn, where this young lady belongs, I was then consulted in her case. She was then under a pretty severe ophthalmia of the same eye. My prescription, at that time, was the application of leeches; which, as she has since told me, were applied, and that so great a hæmorrhage followed, that her parents were obliged to call in a physician to suppress it. But the inflammation was subdued.

Weak Eyes.—We will advert to one more case. A few years past, the present writer was consulted by a clergyman for a remedy for his weak eyes. They did not present absolute signs of inflammation. Their appearance bore marks of relaxation about the cilia, and this was the only diseased phenomenon which they presented. Yet he was unable to prosecute his studies, and was much alarmed lest he should be unable to pursue his profession, on account of weakness and inadequacy of vision. A variety of local ophthalmic remedies were prescribed and used without benefit. Other physicians were consulted, and he finally travelled to one of our principal cities, and had the advice of one of the leading physicians and surgeons there; but all without any benefit. He came home, and again put himself under my care.

Reflecting upon the fact of the systematic origin of local diseases, mentioned by Mr. Abernethy, I was led to the theory that the weakness of this patient's eyes was a *general debility* of the system, manifesting itself *locally*. I therefore advised a thorough and protracted course of steel. He complied, and what was, and ever will be an important point, he pursued the prescriptions, after hearing the reasons, with fidelity and exactness, as to the doses, the repetitions, and continuation, of them. Complete success crowned this mode of treatment, and no relapse has taken place, although this was so long ago as 1826.

As to the preparations of chalybeate remedies, different and various as they are, I have found none, in the long run, to be more depended upon than that of Sydenham—*eight grains of ferri limat. two or three times a day*. This was the formula prescribed and pursued, in the case of the clergyman. I can recommend this mode, in cases of weak eyes, with a very great degree of confidence.

Although I have confessed myself in the dark with respect to the signs of amaurosis succeeding ophthalmia, I ought not to omit to mention that pain in the ball, or in the region of the eye, may be one of its precursors. Yet here there is still uncertainty. Pain may occur with-

out any succeeding amaurosis; and the latter may supervene without any pain.

JOSEPH COMSTOCK, M.D.

Lebanon, Ct. Oct. 22, 1836.

P. S. As I have submitted an inquiry for the pages of your Journal, I would be happy to answer one. I refer to that proposed by your correspondent G. in Vol. 15, No. 11, p. 178; and although I may fall far short of that class of whom he would inquire—"men of talents and experience"—yet I would mention, that being some time since perplexed with a case somewhat similar, resort was had to the administration of dilute nitric acid, with happy success. It healed the little ulcers in the mouth and fauces; and to these, and to their extension into the alimentary canal, the dyspepsia and diarrhœa in the case alluded to are probably owing.

PULMONARY GANGRENE.

CASES OF GANGRENE OF THE LUNGS, WITH PATHOLOGICAL AND PRACTICAL REMARKS.

BY J. A. ALLEN, M.D. OF MIDDLEBURY, VT.

[Communicated for the Boston Medical and Surgical Journal.]

CASE I. Mr. J. Roberts, of Middlebury, aged about sixty, of intemperate habits, was attacked on the first day of July, 1822, with chills, succeeded by increased heat, pain in the right side of the thorax and cough, copious expectoration and difficult respiration. On the 6th, I found him restless, very prostrate, and expectorating freely a dark slimy matter, having an extremely offensive gangrenous odor. Indeed, so intolerable was the stench emitted by his breath and pus-like matter expectorated, that his attendants were unable to approach him except on the windward side—the doors and windows of his apartment being kept open. His pulse beat one hundred and twenty strokes a minute. His countenance sallow, ghastly and sunken. He continued gradually sinking, without any change in the essential character of the complaint, till the 14th, when he expired. No autopsy of the lungs was permitted.

CASE II. I. S. Stearns, aged about 36 years, of intemperate habits, was attacked January, 1823, with symptoms of a severe influenza, with pain in his side and a paroxysmal cough. A copious expectoration of a yellowish ash-colored matter ensued speedily, having a nauseous and gangrenous odor. His breath also evolved the same offensive fœtor, which was perceptible through the whole house, though of considerable size. His pulse usually ranged at about 120 beats a minute. He emaciated for a time rapidly, and became very feeble. To counteract these symptoms, he took a mixture made by simmering together an equal quantity of blood root, liquorice root, and anise seed, and to this solution sufficient clarified honey was added to form a syrup. Of this composition he took as much as his stomach would bear without producing nausea, three times a day. With this mixture he took alternately a pill composed of an equal quantity of opium, gm. ammonia and sulphate of zinc. Counter-irritation was produced on his chest by the repetition of epispastics.

Under this mode of treatment his cough and expectoration gradually

diminished. He slowly regained flesh, and by June following his general health was in a good degree restored. But like the "sow which had been wallowing in the mire," again he returned to his drunken habits, which in the course of two years terminated his miserably useless life.

CASE III. J. Douglass, aged about 50, in June, 1827, while pursuing severe exercise on his farm, in removing timber from a swamp, was attacked with chills, followed by increased heat, frequency of pulse, pain in the right side of the thorax, and cough. After several days there suddenly ensued a copious expectoration of an ash-colored matter, which evolved an intolerable gangrenous odor. I first saw him about ten days after the commencement of his disease. He had lost flesh rapidly, was quite feeble, pulse 120 per minute, and throbbing. At this time, his breath, as well as the matter brought from the lung, emitted an extremely offensive stench. The sputa had a greenish color. Percussion on the right side of the chest, at and below the nipple, gave a hollow sound. On the left side, the sound elicited was natural.

Pathological Conclusion. Excavation or aposteme of the right lung.

M. M. Acrids, narcotics and *demulcents*, and counter-irritation from the use of epispastics. He was put on the use of *sanguinaria Canadensis*, opium, liquorice, &c. In a few days his disease proved mortal.

Post-mortem examination presented an abscess in the right lung, sufficiently large, it was supposed, to have contained a pint. Some foetid pus, containing black globules, was found in this cavity. Not having been present at this examination, and having been unable to obtain a very definite account of the morbid changes, I have been unable to give so full a detail as the case actually demanded, or I should have been pleased to present. It affords, however, a good illustration of the effects of gangrenous suppuration of the lungs, when it is circumscribed.

CASE IV. James Enos, Leicester, Vt. aged 22 years, Dec. 14th, 1832. Had the cholera in New York, July last; recovered sufficiently to resume his engagements in a mercantile house as a clerk, but had a pain most of the time in his left side, which eventually became so severe that he was obliged to relinquish business and return to his father's in Vermont. When I first saw him, he had been at his father's house several days. He was confined to the bed, quite feeble, skin hot and dry, pulse beating 92 strokes a minute, tongue coated, cough severe and mostly in paroxysms, frequently repeated, and raising, daily, at least a pint of ash-colored, purulent matter, having an intolerable gangrenous odor. Examined with the stethoscope: no respiratory murmur could be detected on any portion of the left side of the thorax, save at and above the nipple. Pectoriloquism obvious for a considerable distance above the nipple, and on percussion a hollow sound was produced on this part. The right side gave a healthy crepitus when examined with the cylinder.

Pathological Conclusions.—Gangrenous aposteme in the left lung, where the pectoriloquism is obvious, and hepatization or congestion of the remaining portion of this lung. Right lung is healthy.

M. M. Blood root, liquorice root, ãã 3ij. Coarseiy powder, mix, moderately boil in a quart of water to pint, strain, add gm. arabic 3ij.;

honey 3 iv.; tartarized antimony \mathfrak{ss} . Simmer. Take as much as can be borne without exciting nausea, every four hours. If it loosen the bowels too much, restrain the looseness by the use of laudanum. Apply an epispastic to the side of the chest, larger than sufficient to cover the suspected excavation.

Dec. 21st. Symptoms improved; skin more natural, pulse 88 per minute and soft, less matter ejected, but retaining, however, the same specific stench.

M. M. Take with the above compound syrup, alternately, lac ammoniac and tincture of tolu, sweetened with honey, every four hours.

Dec. 31st. Febrile heat mostly gone, paroxysms of coughing less frequently repeated; raises about half a pint a day of less offensive matter.

M. M. Omit the sanguinarian mixture. Continue the ammoniac compound.

1833, *Jan. 10th.* He has improved—is able to walk about the house. No change of medicine is directed.

Jan. 29th. He has constantly improved, walks out doors, raises about a gill a day of inodorous pus-like matter; pulse, usually number about 88 beats per minute; appetite good, all kinds of food received and relished. There is pectoriloquism in the same place where it was on my first examination with the stethoscope, and the same want of respiratory murmur exists in the remaining portion of the left side of the thorax.

May 15th. General health is good; has gained his accustomed flesh; cough and expectoration of purulent matter continue in a moderate degree.

1836, *Jan. 9th.* He has, since the last report, been to Europe, visited the Sandwich Islands, and now returned to Brandon, Vt. and engaged in mercantile business. His health is tolerably good. The left side of his chest has been subjected to stethoscopic examination both at New York and in Europe, and in each instance the examiners pronounced his left lung destroyed.

CASE V. Shubel Clark, of Hinesburgh, sixty years of age, a man of color, possessed of a good constitution, so much so that he informed me he had not lost a meal of victuals on account of poor health for the last forty years. This man was regular in his habits, used no intoxicating liquors, pious, prudent, and independent in his circumstances, and surrounded by a wife and numerous family of promising children. He was attacked while at work clearing new land, by a paroxysm of coughing, which caused him to eject from his lungs some black pitchy matter, that he supposed to have been charcoal-dust, which floats in the air in new burnt land when the dry timber is removed. The coughing and the raising, however, increased, and he soon became so weak that he was obliged to repair to his bed. An intolerable gangrenous odor was evolved from the matter expectorated, and he lost strength and emaciated rapidly.

Oct. 16th, 1834. I first saw him in consultation with his attendant physician, Dr. J. Work. Patient is extremely reduced in strength and flesh, unable to turn himself in bed without assistance; pulse 120 per

minute, appetite none, bowels regular; percussion does not denote excavation on either side of the chest. By the stethoscope a puerile crepitus is observable in the right side of the thorax, pectoriloquous above the nipple and towards the axilla; in the left side puerile and mucous rattle *indistinct*, pectoriloquism between the nipple and axilla. Paroxysms of coughing extremely distressing, even to such a degree that he impatiently inquired how soon he would probably *be released from his bodily suffering*. The quantity of matter flung up daily varied from a gill to nearly a pint, was of a dark-ash color, and evolved such a foetid, offensive and gangrenous stench that it was tedious to remain in the room with him for any time.

Pathological Conclusion. Circumscribed pulmonary gangrene. *Prognosis.*—Event fatal.

M. M. Continue the tonics, quinine and bark, in combination with the root of sanguinaria. Let these be given in a strong aqueous solution, sweetened with honey or sugar. Use inhalations of chlorine; and, also, the fumes of boiling tar, adding to the tar a sufficient quantity of carbonate of potash to prevent the evolution of the pyroligneous acid.

He continued gradually failing for about ten days, when he deceased, seven weeks from the commencement of his complaint.

Dr. Work has kindly favored me with the following sketch of the morbid appearances presented on examination, made twelve hours after death.

"The left lung I found adhered to the parietes of the chest, and nearly the whole of the posterior lobe adhered. In this lobe there was an excavation which would perhaps contain a goose-egg—it was of an irregular shape, and extended to the surface of the lung in two places. These two openings were divided by a portion of the parenchyma of the lungs, three fourths of an inch in width, and one third of an inch in thickness. The pleura pulmonalis was either destroyed by the disease or remained attached to the costal pleura. *The walls of the excavation were gangrenous* to the depth of one fourth or one third of an inch. The lung was inflamed an inch, or perhaps an inch and a half in some places, beyond the gangrenous portion. The cavity contained a small quantity of matter similar to that expectorated.

"In the upper part of the right lung there were several black bodies of various sizes, from that of a small pea to that of a very large one, or perhaps larger. They had the appearance of black paste, and contained in their centres a chalky or osseous substance of the size of a pin's-head, and from that to the size of a small pea, of an irregular shape."

Upon this interesting case Dr. W. makes the subsequent inquiries.

1. "Was this an instance of the black pulmonary matter of old people, or was it melanosis, or what was it?"

Answer. These black bunches were probably the *bronchial glands*, greatly enlarged, ulcerated, and charged with melanotic and osseous or calcareous matter. Dr. S. G. Morton, of Philadelphia, in his illustrations of Pulmonary Consumption, has given an instance of this kind in his

fifteenth case. This morbid change he has beautifully represented by an engraving in his third plate, fig. 2.

Shreds of pulmonary tissue and bloodvessels are not unfrequently found in gangrenous excavations of the lungs. Dr. Carswell observes, "When the pulmonary tissue is affected with gangrene, its color becomes of a deep red, approaching almost to black, whilst the consistence equals that of hepatized liver or lung. When pressed, it breaks down between the fingers, and there oozes out from it blood, and a dark white or greenish fluid of the consistence of milk or treacle. The lung feels pulpy and flaccid, and when cut into, appears as if converted into a putrid saniem, in which *shreds of pulmonary tissue and bloodvessels float or lie detached*, and which diffuses around the most insupportable odor of sphacelus. (Vid. Medico-Chirurgical Review, vol. xxvii. p. 129.)

The excavation in the case under review was divided by pulmonary tissue, three fourths of an inch one way and one third of an inch the other. It affords a beautiful instance of melanosis and pulmonary gangrene. *Melanosis* is the name given by Laennec to masses of a black or blackish-brown color, occasionally found in the lungs. It is mostly seen in amorphous masses, or irregular laminæ, or in black spots in the cellular tissue immediately beneath the *pleura pulmonalis*. It is sometimes encysted, and then looks like a bronchial gland. The first instance is well represented in plate xi. fig. i. in the work to which reference has already been made. The right lung in the case of Clark also exhibited the encysted variety of melanosis.

This melanotic matter, according to late views in pathology, is merely an excess of secretion of the pigmentum nigrum, modified by disease. There are instances, however, in which the deposition of this black matter is owing to absorption of carbonaceous matter. The case of the late John Houghton, of Middlebury, who died in 1830, in consequence of an abscess in the pelvis subsequent to a *gastro-enteric* fever, may be cited as an important instance of this kind. He had taken considerable finely powdered charcoal during his sickness, and on dissection his lungs exhibited a most singular dark, motley appearance.

Instances are recorded in which this carbonaceous matter is absorbed by the lungs. "I believe," says Dr. Williams, "that this black matter finds access to the pulmonary texture principally through abrasions, softenings, or other lesions of the bronchial mucous membrane. This coaly dust does not appear generally to produce any injury to the function of the lung." But there are some curious cases on record, in which this accumulation has taken place so rapidly and extensively as to infringe on the function of the lung, producing œdema, and a black consolidation of the tissue which tends to ulceration and the formation of cavities. (Vid. Medico-Chirurgical Review for July, 1835, p. 76.)

2. "Why was the pectoriloquism in the right side more distinct than in the left, since upon dissection the principal excavation was found in this lung?"

Answer. The pectoriloquism of the right side was probably owing to a dilated state of the bronchiæ; or it may have been in consequence of the small excavations in the upper portion of this lung not having at

that time become filled with melanotic and calcareous matter. Andral, in the second volume of his *Pathological Anatomy*, in his observations on the diseases of the parenchyma of the lungs, says, that "under certain circumstances, the excavation is filled by an accumulation of phosphate of lime; at least cases have been recorded of persons who, after presenting the most unequivocal signs of a tuberculous excavation, and subsequently recovering, were found to have only a mass of calcareous phosphate in the situation where pectoriloquy and *gargouillement* had before been distinctly audible."

The reason why the pectoriloquy was not more distinct in the left lung, since the principal excavation was found in this lung, was probably because the excavation, and the bronchial tubes leading to it, were at the time of the examination partially or quite filled with pus. This event would prevent resonance, and consequently pectoriloquism. On this account, Laennec advises several careful examinations to be made before a decision be given. In organic lesions of the lungs, great changes are often produced in the audible characteristics, by a paroxysm of coughing, accompanied with expectoration. A hectic lady, whom I examined in 1834, gave no distinct respiratory murmur at the apex of the left lung till after a severe paroxysm of coughing and expectoration, when pectoriloquism was very clear and distinct. This, even with her other symptoms, determined a fatal prognosis, which otherwise must have been expressed doubtfully.

[To be concluded next week.]

THE MEDICAL PROFESSION.

BUT the noblest end at which Colleges of Physicians and Surgeons can aim, and at which they should never cease to aim, until it is accomplished, is yet to be mentioned. It is the purification of the profession from all unworthy motives and practices, the expulsion from it of all that is mean, sordid, and sinister, the advancement and security of its morality and honor, and the maintenance of its dignity. Medicine is a lofty and liberal calling, the fairest, foremost, and most efficient handmaid of benevolence and philanthropy; not a trickish, grovelling, money-making scheme of barter and traffic. Its true end is to minister to humanity and public good, not to personal cupidity and selfishness—to preserve life, restore health, and relieve the sufferings of the sick and the distresses of their friends; not to gratify the acquisitiveness, and fill the coffers of the covetous and the uncharitable. As respects every new case of disease a practitioner is called to attend, let his calculation be, how much good he can do, and how much credit he can add to his profession; not what amount of pecuniary profit he can make by the job. The physician who cannot, especially on pressing and perilous emergencies, forget himself, both as to danger and all other personal and selfish considerations, in the interest he feels in the condition of the sick, the honor of medicine, and the public welfare, is unworthy of his vocation, and

will never rise in it to *enviable eminence*. He may prove a successful trader in it, but nothing more. He will never be decorated with its honors while living, nor have his memory embalmed by either its regrets or its praises when dead. Like the ingrate who is heartlessly indifferent to his country, and whom the poet has deservedly given to infamy, the sordid trafficker in medicine,

"Living, shall forfeit fair renown,
And doubly dying shall go down
To the vile earth from which he sprang,
Unwept, unhonored, and unsung."

In making these remarks, let me not be misunderstood. I do not mean that the practitioner of medicine is not to be rewarded for his services. Far from it. Provided he be able, and faithful to his trust, no man is more worthy of a liberal reward. His education has been expensive to him, both in time and money; his professional labors are severe and burdensome, and his fatigues and exposures great and dangerous; and, in value, the services he renders are unsurpassed. To these elements of his merit, therefore, his compensations should correspond. But they should be required and made with liberal views, and on honorable grounds. Hence they should never be exacted in cases where payment would create distress; nor, except in cases of marked injustice, through the medium of the law. The widow, the orphan, and the honest and industrious poor, should never be made to feel them.

Physicians, moreover, should have a mutual and fair understanding in relation to the rate of their charges. And from that rate, except under peculiar and palpable circumstances, no one should deviate. In a special manner no one should *undercharge*, for the sake of acquiring popularity and business, and thus treacherously sapping the interests of his professional brethren. No man can be more contemptible, than he who higgles in a *cheap-shop in medicine*.

* * * * *

What then is medical morality, that by clearly understanding it, we may more correctly appreciate it, and more inviolably observe it? It is, the morality common to human nature, more scrupulously and feelingly practised toward each other, by those, whom the habits and sympathies of the same pursuit have associated and formed into a band of brothers. Within this sphere it enjoins benevolence, charity, courtesy, forbearance, and justice to all, and forbids whatever may injure or offend. Medical morality is but another name for *brotherly love and kindness* in medicine, concentrating and mellowing the sterner virtues, heightening their activity, and directing their course. It is the morality of the New Testament diffused through the Profession, rendering it instinct with its beneficent spirit. And that morality is summed up in the golden precept, "DO UNTO OTHERS, AS YOU WOULD THAT THEY SHOULD DO TO YOU."
—Caldwell's *Inaugural Address*.

MORTALITY OF DOCTORS.

WE are naturally deeply interested in the question—are we longer or shorter-lived than other classes of the community? There is necessari-

ly much difficulty in ascertaining this point. No distinct records of the births and deaths of doctors are extant; and those who arrive at conclusions on the subject must take for data the lives of physicians and surgeons of eminence. But such data are very likely to prove erroneous. For, in our profession, those who attain eminence are probably longer-lived than the bulk of their brethren.

However this may be, Prof. Casper, of Berlin, affirms that the medical practitioners of Germany are shorter-lived than the members of other professions. M. Du Bois has arrived at the opposite conclusion. Of 850 medical practitioners, he ascertained that 7 died between 20 and 30 years of age; 57 between 30 and 40; 83 between 40 and 50; 136 between 50 and 60; 202 between 60 and 70; 213 between 70 and 80; 116 between 80 and 90; 31 between 90 and 100; and 4 between 100 and 106. In fact, 365 of the 850 attained to 70 and upwards, which even exceeds the proportion allotted to the long-lived theologians, of whom, according to Casper, 42 per cent. attain the age of 70. The material of these statements is taken from Eloy's *Dictionnaire Historique*.

The anxieties of the medical practitioner, his midnight watchings, and the contaminated atmosphere he often breathes, must be sources of disease and mortality. But then, on the other hand, he has one great source of safety open to him, which must tend to render the balance between him and his patients even—he takes monstrous little physic. Whatever may be the real state of the case, one practical rule is quite clear—we must all try to live as long as we can, were it only for the honor of the profession.—*Medico-Chirurgical Review*.

AVERAGE WEIGHT OF THE HUMAN BODY.

A TABLE, in the British Medical Almanac, prepared in Belgium, shows—

1st. That the weight of the male infant, at birth, is nearly seven pounds, avoirdupois, while that of the female is not quite six and a half.

2d. That the maximum weight (140 1-2 lbs.) of the male is attained at the age of 40; while that of the female (nearly 124 lbs.) is not attained till 50, from which ages they decline afterwards; the male to 127 1-2 lbs., the female to 109 lbs.; nearly a stone.

3d. That the full grown adult is twenty times as heavy as the new-born infant.

4th. That the rate of growth varies: in the first year the child triples its weight; afterwards the growth proceeds in geometrical progression, so that if 50 infants in their first year weigh 1000 lbs., they will in the second weigh 1210 lbs.; in the third, 1331 lbs.; in the fourth, 1464 lbs.; the term remaining very constant up to the ages of 11-12 in females, and 12-13 in males, where it must be nearly doubled; afterwards it may be continued, and will be found very nearly correct up to the age of 18 or 19, when the growth proceeds very slowly. The weight of any number of children between two and nine years of age being known, their weight, the amount of matter they can incorporate in twelve months or two years, may be unerringly calculated.

 BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, NOVEMBER 9, 1836.

THE LATE DR. LEE, OF CHARLESTOWN, MASS.

It is with unfeigned sorrow that we record the death of this excellent physician and philanthropist, who, had he lived to the common age of man, would have taken an elevated rank in society. In the very beginning of his usefulness, he fell a victim to professional responsibilities. He had not a physical organization fitted to undergo the fatigues he felt himself called upon to endure. We knew enough of his character to admire it ; and with regard to the moral constitution of his mind, it was such as to exert the happiest influence on all within the circle of his official acquaintance. The McLean Asylum, over which he presided, has indeed suffered a severe loss. The Board of Trustees, in continuing his salary to the widow, till the first of April, 1837, have done a memorable act, highly honorable and praiseworthy. Dr. Lee was a correspondent of this Journal, and his writings exhibit evidence of much research and industry.

The following communication from Worcester, where he died, so completely anticipates what we were preparing to say, that no apology is necessary for inserting it in this place.

Died, at the residence of his friend Dr. Woodward, in Worcester, Mass., on the 29th of October, THOMAS G. LEE, M.D. Physician and Superintendent of the McLean Asylum for the Insane, aged 28.

Dr. Lee's health had been declining for some weeks previous to his leaving the Asylum. A bowel complaint, with daily paroxysms of fever, had reduced his strength, and depressed his spirits. During this period, however, he exerted himself to do the duties of his station, till his appetite wholly failed him, his sleep departed, and he found himself worn down, dispirited, and so extremely susceptible that common incidents in the Institution agitated him in such a manner as to render him unfit longer to continue. Under these circumstances, he left for Worcester, where he arrived late in the evening of the 15th of October. His friends were all impressed with his sickly and emaciated appearance. He led them to suppose, however, that he had been slightly indisposed, and had commenced a journey for the re-establishment of his health. He conversed a short time with cheerfulness and animation, and retired to rest. In the morning following, he complained of not sleeping and a total loss of appetite ; he however proposed to go with his friend through the wards of the extensive establishment for the insane, and continued his walks, notwithstanding the remonstrance of his friend, for nearly four hours. He then complained of great fatigue, and went to his bed. Towards evening he arose, but complained of not having slept, and appeared exceedingly ill. From this time all his former symptoms returned with tenfold violence. The symptoms of malignant disease were rapidly developed. His mind and nervous system were at first greatly disturbed. During the whole period of his sickness, the disease of the bowels made steady

progress, and showed that local danger existed in the digestive organs, which years before had been subject to alarming disease.

Under the influence of remedies, after some days his sleep became quiet, and delirium left him. But the disease of the bowels went steadily on, and pointed but too truly to the fatal result which took place on the morning of the 29th. The last two weeks of his illness, his sufferings were severe. When informed that remedies would probably be unavailing in his case, he settled his worldly affairs with the composure of one who was preparing for a temporary journey, expressed his gratitude in the most feeling terms to all who had attended to him in his illness, took leave of his friends, and resigned himself to the will of his Heavenly Father, in the full confidence of the Christian's Hope.

One of his last requests was that an examination should be made after death, to ascertain the cause of disease. Eight hours after his decease the examination was made. An immense quantity of air, with some of the contents of the bowels, was found in the cavity of the abdomen, which at once showed a fatal lesion had somewhere taken place in the alimentary canal. The disease was principally of the colon and rectum. The lining membrane was diseased to some extent, and the vessels of the small intestines were injected with red blood. The sigmoid flexure of the colon was contracted to the diameter of half or three quarters of an inch; the internal surface for three inches appeared white, and the intestine was hardened almost to callus, while the portions above and below were greatly distended with air and the surface was inflamed. Five or six inches below this diseased portion, was an ulcer as large as a cent, perforating the coats of the intestine with an opening of the size of a crow-quill, and admitting the escape of air into the cavity. Air passed freely through the intestines till three days previous to his death, when the abdomen became permanently distended. The perforation probably took place at this time, and air and other contents of the intestines escaped through it. The external surface of the rectum was covered with fleshy excrescences, apparently the effect of former disease. The liver and upper portion of the bowels appeared healthy. The stomach was not examined.

Four years ago, in the autumn and winter of 1832, Dr. Lee had a severe affection of the bowels, commencing with diarrhœa and terminating in severe colic. His life was at that time considered to be in imminent danger. He was then Assistant Physician to the Retreat for the Insane in Hartford, a place that he was obliged to resign in consequence of ill health. From that time he has never been well, and for a year or more was wholly unfit for any active duty. When called to the same situation in the McLean Asylum in 1834, he hesitated a long time before he accepted, fearing that his health would be inadequate to the performance of his duties.

The death of Dr. Lee is a severe public calamity. In the situation which he occupied for a few months only, he gained a high reputation for himself, and increased the honor and raised the character of the Institution, which for years had been deservedly high. His qualifications of mind and heart were admirably fitted for the station, and he fulfilled the duties of it with great acceptance to the officers who controlled it, and the inmates and their friends who were interested in his success. He commenced these duties with that diffidence and distrust which are evidence of true merit. His youth, his inexperience, and his feeble

health, were urged by him, in correspondence with his friends, as reasons why he should not assume the responsible duties of superintendent of an institution, the character of which was high, the superintendent of which was a man of great attainments and deserved reputation in the management of the insane. He was, however, persuaded not to decline. The result has shown that the selection was most judicious, and most happy for the interests and prosperity of the institution.

In the management of the insane, Dr. Lee possessed that *tact* which belongs to few men. His mind was active to discern, and fruitful in expedients to satisfy the expectation of his patients and gain their confidence. His feelings, naturally ardent, became deeply interested in each patient under his care. His whole mind and soul were devoted to the welfare of the institution, and the success of his efforts to restore to health and reason the victims of insanity, was so great as to keep them in a state of continual excitement. This his friends foresaw, and warned him of the consequences. His benevolence knew no boundaries but the accomplishment of the ultimate object of his wishes, and no personal labor was spared, and no privation interfered, where his sense of duty called. Such mind wore bright, but could not wear long. It was of such delicate structure as to be exceedingly susceptible, and with a physical system naturally slender, and rendered still more delicate by disease, it is not surprising that it should produce excitement, resulting in serious injury to health. Such was ever the condition of Dr. Lee, when in situations of great responsibility. While in the Retreat at Hartford, the assistant of the distinguished Dr. Todd, from whom he acquired much of his knowledge of the treatment of insanity, his zeal and ardor in this cause of humanity brought upon him, as has already been mentioned, an attack of disease, which seriously threatened his life, and resulted in such a state of his general health, and particularly of his nervous system, as induced him, at the solicitation of all his friends, to resign his place. Such was its effect in the present case. And it is not too much to say that he fell a victim to his efforts in this cause of benevolence.

Dr. Lee was beloved by every one who knew him, because his character and deportment was uniformly lovely. In his intercourse with mankind, he was frank, open, and honest. Few men were so conciliatory, and yet so firm and decided. He carried his point with all, in and out of the institution, effected whatever he wished, and yet gained the confidence and even the affection of those who might be supposed unfavorable to his plans. Sincerity and love of truth were prominent traits of his character. He loved his friends, and delighted in refined and polished society. His heart was ever ready to sympathise with the distressed. To make all around him happy was the greatest pleasure of his life.

His career was short, but brilliant. He has gained a name which will be remembered while the institution which he superintended shall remain a monument of christian charity and benevolence. In all this I am quite sure the directors of that institution will acquiesce. In selecting a successor, they will be most happy if they can find the same high qualifications in an individual who is willing to spend his life and be spent in this cause of humanity.

W.

Worcester, Oct. 31, 1836.

Library of Practical Medicine.—The eighth volume, published by order of the Massachusetts Medical Society, has just been issued from the

press of Perkins & Marvin. It contains the Boylston Prize Dissertations for 1836, by Oliver W. Holmes, M.D., Robert W. Haxall, M.D., and Luther V. Bell, M.D. Without any reference to the character of the matter within, it is sufficient to remark, at this time, that the typographical execution is very creditable to the Boston press. Next week we shall begin to draw freely from its pages.

Vermont Academy of Medicine.—A catalogue of the present term is before us. The institution is going on prosperously—ninety-seven students are matriculated. Their triennial catalogue is an exceedingly useful table of reference, which is worth imitating in all other schools. Dr. Tully still occupies the chair of Theory and Practice, and Dr. Woodward's indefatigable labors are well known. Two such men are able, within themselves, to sustain any school.

Vaginal Hernia of the Bladder.—This interesting and instructive case occurred in the practice of Dr. Buck, in Germany, and was mistaken for prolapsus of the uterus, with cancerous ulceration brought on by slow inflammation after injury in childbirth. The operation for removing the cancerous uterus was accordingly proposed, and was actually commenced before the nearly fatal mistake in diagnosis was discovered. The appearances were so deceptive, that several practising surgeons and accoucheurs, besides Dr. B. were deceived by them. The fungous masses, with the leather-like envelope, were dissected away, but the denuded bladder was in no place wounded. The patient died in six weeks after the operation. The uterus was found, after death, in a perfectly healthy condition. The bladder, in its gradual descent, had pushed before it the upper wall of the vagina.

Polypus Uteri within the Womb removed by Ligature.—Dr. Buck, of Germany, has recently performed this difficult operation with success, and thus shown the unsoundness of the general belief that morbid growths cannot be removed from within the cavity of the uterus. Experience has taught him, he says, that when the *os tincæ* is open, it is practicable to apply a ligature to a polypus within the uterus. Though the operation may seldom be necessary, the case referred to proves that it is sometimes so, as the patient's life was no doubt saved by the skill and perseverance of Dr. B. After the ligature was first applied, by means of the canula, at a point beyond the reach of the finger, it was tightened daily for eight days, when it broke, but it was found that only half the polypus had sphacelated away. A re-application of the ligature was successfully, though with increased difficulty, effected. In a few days the last ligature came away, and in a fortnight no remains of the polypus were discoverable.

Physical Association.—A hint is thrown out in a paper written some years since, by Dr. Edward Miller, of New York, which opens a wide field for interesting inquiry and observation. In speaking of the greater tendency in some persons than in others to vertigo and nausea from unaccustomed motions, which he considers is in consequence of a greater facility with which, in such persons, fibrous motions acquire habits of sympathetic association, he suggests the probability that the same individuals would be in a like degree peculiarly liable to the whole class of sym-

pathetic diseases, and that the paroxysms of intermittent fevers would in such be more difficult to arrest, and be liable to recur from slight causes after apparent convalescence. The force of memory, he suggests, may also be dependent upon the same peculiar temperament. It might be easily ascertained, in many cases, whether persons of retentive memory are more liable to fevers, sea-sickness, and the various other diseases of association, than others.

Athenæum Medical Library.—Mention was made of this fine collection of books, a little time since, accompanied by an intimation that they were rather in durance—quite beyond the reach of readers. Through the kindness of a gentleman well acquainted with the whole matter, we are assured that the physicians of Boston can have access to the library, whenever they choose, by complying with the requisitions of the institution, which asks a fee of only ten dollars per annum. Before the library was placed in Pearl street, the subscription was always that sum, which no one complained of. By changing the location, or, in other words, placing it at the Athenæum, additional advantages were gained, for by the payment of the ten dollars the reader is now permitted to take books from any division of that mammoth collection, embracing the rarest and most costly magazine of literature and science in America, with the privilege of changing volumes, if necessary, several times a day. Instead, therefore, of complaining, we are delighted with the plan, and strongly recommend to the Boston physicians to avail themselves of this combination of rare privileges. With respect to the locality of the Athenæum, that is altogether another affair. The march of business will soon drive the whole establishment out of the street, and the trustees are men of such sagacity, that they will fix upon a spot that will meet the approbation of all sorts of patrons. Some extremely choice medical works have been received quite recently at the medical room—one particularly valuable on account of the plates, representing diseases of the skin, which should be inspected by all the practitioners in the city.

Mass. General Hospital.—There was one operation at the hospital on Saturday, performed by Dr. Hayward. The case was that of salivary fistula, occurring under the following circumstances. The patient, a young man 18 years of age, had a portion of the integuments of the face blown away, two years since, by the bursting of a gun. The wound healed in four months, leaving a large cicatrix just under the zygomatic process, in the centre of which was a fistulous opening, communicating with the parotid duct. All the saliva passed out at this aperture, the orifice of the duct in the mouth, and a portion of the canal leading to it, being entirely obstructed. The object of the operator was to form a new canal into the mouth, as nearly as possible in the situation of the natural one. For this purpose, a large needle, a little curved at its point, and prepared with a ligature, was passed into the fistulous opening on the cheek, carried along for a short distance under the integuments, and made to penetrate the mucous membrane of the mouth, opposite the second molar tooth. A knot was then made at either end of the ligature, which for the present was allowed to remain. It was the intention of the operator to perform an operation to close the external orifice, as soon as that into the mouth should have become fistulous.

TO CORRESPONDENTS.—The communication of Dr. J. of Albany, will be inserted next week.

DIED.—In North Brookfield, Mass. Dr. Cheney Potter, 53.—In Easton, Mass. Dr. Seth E. Pratt, 28.—In Attaway, Ill. Dr. P. P. Burkel, late of New York, 26.

Whole number of deaths in Boston for the week ending November 5, 39. Males, 15—females, 24.
Lung fever, 2—cholera infantum, 1—consumption, 7—diarrhœa, 1—intemperance, 1—scarlet fever, 2—pleurisy, 1—typhus, 3—canker in the bowels, 1—fever, 1—scrofula, 1—infantile, 2—childbed, 1—wounds, 1—old age, 4—liver complaint, 2—fractured skull, 1—accidental, 2—brain fever, 1—inflammation of the brain, 1—delirium tremens, 1—dropsy, 1—stillborn, 4.

PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

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Jan 20—1yep

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Boston, Oct. 7, 1836.

tf—Oct. 19

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